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NOTE CHANGES - Upcoming Practice Meeting Schedule:

Meetings will be via ZOOM
Tuesday, June 23rd
7:30 a.m. and 11:30 a.m.

Visit our Website
www.silverstateaco.com

Contact Us:
(702) 800-7084
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CMS – ACOs – Claims Data?

The Centers for Medicare and Medicaid Services (CMS) created Accountable Care Organizations (ACOs) in an effort to improve outcomes while reducing overall healthcare costs. The expectation was that if providers work together and share information, each provider would have a greater ability to understand the full picture of a person's health – past and present. This, in turn, would result in less duplication of efforts, tests and procedures, and in better results for the patient.

But, wait!! Share information?? Isn't that exactly what providers are *not* allowed to do? Isn't that precisely what HIPAA laws prohibit?

Precisely! In order to create the ACO program, CMS had to request special permission and waivers from Congress. And, in turn, they were given specific guidelines for protecting patient information. Congress felt that expected benefits to be derived from ACOs would justify the waivers.

On a monthly basis, CMS sends data about every claim paid on every one of our attributed beneficiaries. Attributed beneficiaries are those patients who CMS determines have seen SSACO Primary Care Providers more often than they've seen any other provider over the previous twelve months. These are the patients whose costs and quality of care are considered by CMS to ascertain whether Silver State ACO is successful.

As you can imagine, that is *a lot* of data. Silver State ACO receives details of claims paid for every one of our over 54,000 attributed beneficiaries. That's impressive, but how does it actually help us? What's the reality of how it works?

First, let's be clear. Any Silver State ACO Provider may see data on his / her own patients, and only his/her own patients. And, in



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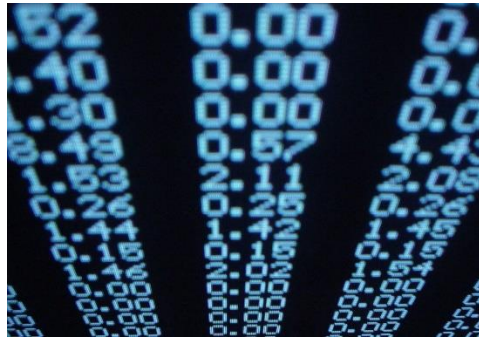
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Happy Father's Day

certain cases, that's what they do. But doctors are very busy. It's unlikely that they'll check each patient. The true value of the claims data is at the ACO level, identifying trends and shared



issues across all practices. And, when we identify particular issues or sets of patients who share a particular problem/s, we share that concern with the PCP. Using this very large set of data we can help find ways to change behavior, identify useful and

efficient protocols and, in some cases, create or contract for new services to help our participants. This is one way that Silver State ACO helps its Participants and why we have been successful (four years in a row!).

How does Silver State ACO and its Participants Access the Data?

Introducing CLINIGENCE

As we mentioned, CMS sends massive amounts of data. Silver State ACO is not an IT company, but there are companies who specialize in understanding and formatting the CMS data, making it useable for clinic and ACO staff. Since its inception, SSACO has contracted with an IT company on behalf of itself and its Participants. Effective June 1st, Clinigence Health will deliver those services. There is *no* cost to the practice to utilize their platform. Practices may research or analyze as much (or as little) patient data as they'd like. Silver State ACO Quality Coordinators use this site to complete quality reporting for CMS. Some clinics may opt to enter quality data on their own, for review and confirmation by their SSACO quality coordinator.



Many practices that have been with SSACO for years were accustomed to the website which had previously been used. Silver State ACO carefully considered the overall impact of changing to this new IT company. We are confident that all practices will enjoy and benefit from the improved accessibility and overall ease of using Clinigence. Please be sure to talk to your quality coordinator.

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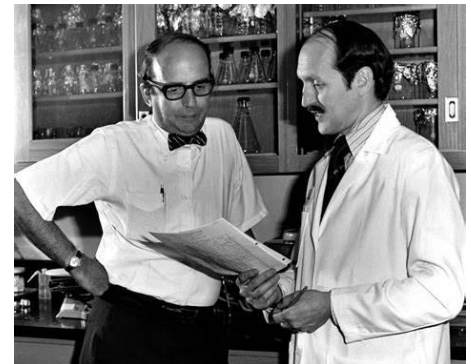
We must remind you to carefully consider which staff members should have access to Clinigence. The site has an enormous amount of PHI which must be protected. This should be considered and weighed against the importance of giving staff all tools available to help them complete their jobs efficiently and effectively.

In order to maintain a comprehensive list of all those who have access to Clinigence, we ask that an Access Request Form be completed by every person asking for access, signed by a manager or superior. Further, we remind you that it's the manager's responsibility to let us know if/when an employee has left the practice or has been transferred to another position, at which point we will immediately terminate the account for that staff member.

Please talk to your quality coordinator for an introduction to Clinigence.

From the National Institute on Aging

Given the COVID-19 outbreak, as well as CMS's quick response and changes to how medical services can be delivered, many medical clinics are communicating with patients in different ways, most specifically via telehealth. The National Institute on Aging (NIA), a division of the National Institutes of Health (NIH), points out that this makes it even more important to develop good communication skills between health care teams and older patients.



The NIH set out a few ideas as to how professionals can improve their communication skills:

- Use the patient's preferred form of address to show respect.
- Establish a rapport to help relieve stress.
- Speak more slowly and avoid interrupting
- Be empathetic by using phrases like, "That sounds difficult," or "I'm sorry you're facing this problem; I think we can work on it together"

Front office staff and medical assistants are a patient's first interaction and, therefore, these improved skills are extremely important for them, as well.

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Separately, the NIA is also pointing out that the pandemic has reminded us that a medical crisis can be sudden and may leave a person too ill to make his/her own health care decisions. The elderly are particularly susceptible to this.

CMS is acutely aware of this and, a number of years ago, began to highlight the importance of preparing for the possibility that a crisis could happen at any time. In fact, they include advance care planning as part of quality review and they *pay generously* for providers to introduce the topic, discuss options with their patients, and help patients create a plan.

Advance Care Planning involves learning about the types of health care decisions that might come up. It reinforces the



importance of considering those decisions ahead of time. This gives the patient time to consider his/her decisions as well as to share the information with family or friends, and their healthcare provider. A patient's

preferences can be recorded in a number of ways. Most straightforwardly, an advance directive can be signed. This is a legal document that would take effect if – and only if – the patient is incapacitated and unable to speak or make decisions for him/herself.

It's very important to reassure a patient that creating a plan for the future is not a bad sign or foreboding that something is wrong. Rather, it's a way for the patient to help his/her family in the future. A caring family wants to fulfill their loved one's wishes. An advanced directive is a way for the patient to express his/her values and desires related to end of life and ensure that his/her family knows what those wishes are.

Your practice may use a particular form or company to create written, audio or video directives. We urge you to be sure that they are considered legally binding.



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Please ask your quality coordinator for additional information regarding Advanced Care Planning. There are numerous codes for billing your time. In fact, CMS understands that these are very important considerations and decisions for a patient. They allow a clinic to bill for additional time in the future, should the patient reconsider a decision and want to have it changed.

SECURITY. SECURITY. SECURITY

To avoid cyberattacks by insiders (knowingly or not), professionals recommend reviewing possible scenarios. They remind us that repetition is vital. Employees must be reminded about the risk they pose to the practice and its patients if they are not alert to possible phishing and other cyberattacks.

Silver State ACO WEBSITE

CMS requires all ACOs maintain a website which includes, among other things, historical performance results. Silver State ACO's website (www.silverstateaco.com) contains all required information but also has educational videos and material, links to additional resources, and a full listing of Participants and Providers. Do you remember an article you'd like to refer back to? Our website has all old issues of the Newsletter. When you have a moment, "come on by", learn something new, recognize our website as an excellent resource to turn to when looking for clarification on an issue. And, remember to check back from time to time for new and updated information.



www.SilverStateACO.com

REMINDERS:

UHS (the Valley Health System in Las Vegas and Northern Nevada Medical Center in Reno) is a Silver State ACO partner and the preferred hospital network. They make CCDs (Continuity of Care Documents) available when our patients are discharged. Please refer patients to their facilities whenever possible. This should help provide a more fluid and efficient continuum of care for your patients



UHS has resumed non-emergency procedures and implemented additional and even more rigorous safety measures. They have reached out to us, offering to help Silver State ACO Participants in any

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way they can. In fact, they have asked us to share the names and phone number of the Physician Relation Manager at each of their facilities:

Centennial Hills Hospital – Julie Resberg (702) 416-7466

Desert Springs Hospital – Kalin Beal (702) 343-5534

Henderson Hospital – Anna Langston (702) 963-7881

Spring Valley Hospital - Tracy Hardy (702) 853-3443

Summerlin Hospital – Debra Releford (213) 804-9706

Valley Hospital – Sheree Goins (702) 388-8466

Northern Nevada Medical Center - Robin Krueger (775) 356-4941

USHS (US Health Systems) – not to be confused with UHS - is Silver State ACO's care coordination team. Please call them for help with patients for whom you'd appreciate an extra set of eyes or hands. Keep their number handy: (833) 208-0588

Father's Day

In 1957, Maine Senator Margaret Chase Smith accused Congress of ignoring fathers for 40 years while honoring mothers.



She wrote a Father's Day proposal. In 1966, President Lyndon B. Johnson issued a Presidential Proclamation, designating the third Sunday in June as Father's Day. It was made a permanent national holiday when

President Richard Nixon signed it into law in 1972.

Remember, if you are planning a celebration, please maintain personal distancing and wash your hands with soap thoroughly and often. If your father is in poor health or has conditions that put him at risk, the best celebration is one from afar.

Quote of the Month:

*"There are two ways of spreading light:
To be the candle or the mirror that reflects it"*



Edith Wharton, American writer and playwright. In 1921, she became the first woman to win a Pulitzer Prize. Her first work was published when she was only 15, under the name of her friend's father as her family didn't consider writing a proper occupation for a woman of her time.

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Final Word:

Please mark your calendars. We have rescheduled our practice meetings to June 23rd at 7:30 and 11:30 a.m. The meetings will be virtual; ZOOM webinars. Therefore, these meetings will be for both Southern and Northern Nevada practices. Watch your email for details and link.

To cancel receiving the monthly Silver State ACO Newsletter please click Unsubscribe and type "Unsubscribe" in the subject box

